

**DISTRICT OF COLUMBIA**  
**DEPARTMENT OF HEALTH/UST DIVISION**  
**UST/LUST ACTIVITY NOTIFICATION**

PLEASE FILL OUT THIS FORM (AS APPLICABLE)  
AND RETURN TO THE UST DIVISION

DATE: \_\_\_\_\_

**NOTE: UNLESS WRITTEN NOTIFICATION HAS PREVIOUSLY BEEN SUBMITTED, THE ABOVE DATE MUST, BY REGULATION, BE AT LEAST 2 WEEKS PRIOR TO THE ACTUAL DATE OF THE ACTIVITY INDICATED ON ITEM #3C & #4C.**

1) Name of Establishment: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Contractor/Consultant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) **UST ACTIVITY: Attach A Site Plan**

**NOTE: FOR INSTALLATION/UPGRADE COMPLETE UST INSTALLATION/UPGRADE**

**CHECKLIST**

A) Install: \_ Remove: \_\_\_\_\_ Abandon: \_\_\_\_\_ Repair: \_\_\_\_\_ Test: \_\_\_\_\_

B) Tank Tightness Test (Method): \_\_\_\_\_

C) Estimated Date To: \_\_\_\_\_

Install \_\_\_\_\_ Remove \_\_\_\_\_ Abandon \_\_\_\_\_ Repair \_\_\_\_\_ Test \_\_\_\_\_

D) Total # Of USTs To Be: \_\_\_\_\_

Installed: \_\_\_\_\_ Removed: \_\_\_\_\_ Abandoned: \_\_\_\_\_ Repaired: \_\_\_\_\_ Tested: \_\_\_\_\_

E) UST Contents (Check, If Known): Heating Oil (Grade): \_\_\_\_\_ Diesel Oil: \_\_\_\_\_

Used Oil: \_\_\_\_\_ Gasoline (Type): \_\_\_\_\_ Other (Specify): \_\_\_\_\_

4) **LUST ACTIVITY:**

A) Boring/Well Installation (#): \_\_\_\_\_ / \_\_\_\_\_

B) Install CAP System (Type): \_\_\_\_\_

C) Estimated Date To: Drill Borings/Wells: \_\_\_\_\_ / \_\_\_\_\_ Install CAP System: \_\_\_\_\_

5) **Short Description of the Activity - Attach A Site Plan**

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Filers Name (Please Print)

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Signature

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Date